

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000080269 (0)

1. Corporation Name
LANDMARK HOMES, INC.



Principal Place of Business Mailing Address
6523 BURNHAM CIRCLE PONTE VEDRA BEACH FL 32082
6523 BURNHAM CIRCLE PONTE VEDRA BEACH FL 32082

2. Principal Place of Business 2a. Mailing Address
21 6000-A Sawgrass Village Cir. 6000-A Sawgrass Village Cir. 59-3346924
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 18 27 Suite 18
City & State City & State
23 Ponte Vedra Beach, FL 28 Ponte Vedra Beach, FL
Zip Country Zip Country
24 32082 25 St. Johns 29 32082 30 St. Johns

3. Date Incorporated or Qualified 10/18/1995 3a. Date of Last Report
4. FEI Number Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WILLIAMSON, RICHARD
6523 BURNHAM CIRCLE
PONTE VEDRA BEACH FL 32082

10. Name and Address of New Registered Agent
81 Name Richard Williamson
82 Street Address (P.O. Box Number is Not Acceptable) 6000-A Sawgrass Village Circle, Suite 18
83
84 City Ponte Vedra Beach FL 85 Zip Code 32082

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0508, Florida Statutes.

SIGNATURE *Richard Williamson* Richard Williamson DATE 2/16/96

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WILLIAMSON, RICHARD | |
| STREET ADDRESS | 6523 BURNHAM CIRCLE | |
| CITY-STATE-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | STD | <input type="checkbox"/> DELETE |
| NAME | HALL, PIKE III | |
| STREET ADDRESS | 6523 BURNHAM CIRCLE | |
| CITY-STATE-ZIP | PONTE VEDRA BEACH FL 32082 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-----------------------------|------------------------------------------------------------------------------|
| 1. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. NAME | | |
| 13. STREET ADDRESS | | |
| 14. CITY-STATE-ZIP | | |
| 2. TITLE | VP, S, T, D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22. NAME | Hall, Pike III | |
| 23. STREET ADDRESS | 6523 Burnham Circle | |
| 24. CITY-STATE-ZIP | Ponte Vedra Beach, FL 32082 | |
| 3. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32. NAME | | |
| 33. STREET ADDRESS | | |
| 34. CITY-STATE-ZIP | | |
| 4. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42. NAME | | |
| 43. STREET ADDRESS | | |
| 44. CITY-STATE-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52. NAME | | |
| 53. STREET ADDRESS | | |
| 54. CITY-STATE-ZIP | | |
| 6. TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62. NAME | | |
| 63. STREET ADDRESS | | |
| 64. CITY-STATE-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed from an attachment with an address

SIGNATURE: *Richard Williamson* PRESIDENT 2/16/96 (904) 280-9901
Richard Williamson

CR2E034 (12/95)